

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

9/287884

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2	1		1				52						
3		2		2			53						
4		2		2			54						
5		2		2			55						
6		2		2			56						
7		2		2			57						
8		2		2			58						
9		2		2			59						
10	1		+				60						
11	1		+				61						
12		1		1			62						
13		1		1			63						
14		1		1			64						
15		1		1			65						
16			1				66						
17			1				67						
18			1				68						
19			1				69						
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45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	4		4				TOTAL IND.						
TOTAL DEP.	18		18				TOTAL DEP.						
TOTAL CLAIMS	22		22				TOTAL CLAIMS						

PTO-1360 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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